

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 2 4 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)Melinda Kinne	ey		
II. Name of lobbyist's partnership, firm	or corporation, if a	ny:	
Charter Communication	ns, Inc.		
(Name of partnership, firm	n or corporation)		
118 Johnson Road	Portland	ME	04102
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
		e-mail melinda.kin	ney@charter.com
(Telephone)	(Fax		
III. This statement covers: (Choose one reportable expense transactions which			file a separate report
All reportable transactions occurring	in the months prior to	the reporting date relative to the	following client:
	munications, Inc.		
	nt as it appears on the L	obbyist Registration Form)	
OR		1 1 A Coult Count Inhaire	C 1:
☐ All reportable transactions by the lobb unrelated to any particular client.	yist (including the loa	obyist's family), or the lobbying	firm listed below which
IV. Date of Report April 25, 2018 & Reports cover: activity from date of regis		July 25, 2018	
October 31, 201 activity from 7/1/18	8 🗆	January 30, 2019 activity from 10/1/18 to 12/31/1	18
V. There have been no fees received If this box is checked, complete just this for Concord, NH 03301.			
VI. Check if additional reports are atta	iched:		
☐ If you have received fees or made ex		file Addendum A– Fees and Exp	penses
☐ If you have paid an honorarium or re Expense Reimbursement	imbursed expenses, y	ou must file Addendum B – Rep	ort of Honorariums or
☐ If you, your firm, or your family has	made political contrib	outions, you must file Addendur	n C- Political Contribut
Sworn Statement/Affirmation by Lobb I have read RSA 15, RSA 15-B, RSA 14- and complete to the best of my knowledg	C and RSA 664 and l	nereby swear or affirm that the fo	oregoing information is t
HOLIA COKILLES		4/17/20	018
(Signature of lobbyist)	\	(Date	e)
Melinda Kinney	/		
(Print Name of lobbyist)			